

SYSTEM ACCESS REQUEST

INSTRUCTIONS: Use one form per user/site

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013, F011 AFA.E.D. 9397

PRINCIPAL PURPOSE AND USE: This form is required to authorize access to AFRL computers.

DISCLOSURE: Furnishing this information is voluntary, however, failure to do so may result in disapproval of this request.

1. DATE:	2. REQUEST TYPE <input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY <input type="checkbox"/> RECERTIFY	3. CURRENT USERNAME (If Any):
4. REQUESTER'S NAME (Last, First, MI)		5. NEW USERNAME (Office Use Only):
6. SSN (As Required):	7. US CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> IF NO - SPECIFY COUNTRY _____	
8. POSITION TITLE:	9. OFFICE SYMBOL:	10. DEFAULT PASSWORD (Office Use Only)
11. BRANCH OR DIVISION TITLE/NAME:		12. (FUTURE USE)
13. BUILDING/LOCATION:	14. ROOM/POST NUMBER:	15. WORK PHONE:

Box 16a or 16b required				17. COMPUTER SITE						
16a. AFRL AFFILIATION AIR FORCE CIVIL SERVICE <input type="text"/> <input type="text"/> RANK GRADE		16b. OTHER AFFILIATION <input type="text"/> START DATE <input type="text"/> EMPLOYER LAST DUTY DAY		HE <input type="checkbox"/>	HQ <input type="checkbox"/>	ML <input type="checkbox"/>	PR <input type="checkbox"/>	SN <input type="checkbox"/>	VA <input type="checkbox"/>	WS <input type="checkbox"/>
				OTHER <input type="text"/>						

18. AUTHORIZATION				
		DATE	ORGANIZATION	PHONE
A. 1st LEVEL SUPERVISOR GOVERNMENT	PRINT AND SIGN			
B. GENERIC ACCOUNT USER	PRINT ONLY (SIGN #20)			
C. DATA BASE FOCAL POINT	PRINT AND SIGN			

19. USER ACCESS REQUIREMENT			
A. MAIL/SYSTEM ACCESS	ACCESS LEVEL	MAIL/SYSTEM ACCESS	ACCESS LEVEL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. DATA BASE	ACCESS LEVEL	DATA BASE	ACCESS LEVEL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. LAN/NT ACCESS	ACCESS GROUP	LAN/NT ACCESS	ACCESS GROUP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. INTERNET	DIAL IN/MODEM #	BAUD RATE	PASSWORD VERIFICATION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

20. USER AGREEMENT

I certify that:

- 1) This computer account request is for support of an official government project/contract.
- 2) I will not willfully compromise the account password. Common examples of compromise are storing the account password in a PC or terminal; developing automatic login procedures that circumvent the manual entry of the account's username and password; or giving the password to others.
- 3) I will notify my Directorate Computer Support office when the account is no longer needed, my sponsor or organization has changed, or the account password has been knowingly compromised.
- 4) The account will be used in accordance with all existing regulations, policies, and guidelines, particularly to ensure no improper or fraudulent use. Common examples of improper use are generating personal letters, party banners, or invitations; playing games; or running personal financial or investment programs.

Furthermore I understand that:

- 1) All data and files associated with this account are subject to review for any suspected computer fraud, waste, or abuse. If found, it will be reported to the proper authorities for appropriate action.
- 2) The account password will be changed at least every 90 days in accordance with AFSSI 5027.
- 3) I am responsible for safeguarding the account and for the actions that occur on the Local Area Network through the account.
- 4) Any violation of DoD, Air Force or base computer security regulations or policies may result in the termination of my computer system access.

USER'S SIGNATURE (Required)

Date

21. SECURITY MANAGER'S VERIFICATION OF NATIONAL AGENCY CHECK

In accordance with AFI 33-119, para 9.2.5, the following information must be provided.

CLEARANCE

TYPE OF INVESTIGATION

DATE OF INVESTIGATION

VERIFIED BY (Signature)

DATE

PHONE

VERIFIED BY (Please Print)

ORG/OFFICE SYMBOL

22. COMMENTS:

23. AFRL GOVERNMENT SPONSOR AGREEMENT

As the official AFRL sponsor of the named individual requesting computer access, I understand that:

- 1) The computer account must be used in the support of an official AFRL project/contract.
- 2) I share in the responsibility for safeguarding the account and for actions that occur on the Local Area Network through the account.
- 3) It is my responsibility to re-evaluate the need for this account and I will notify my Directorate Computer Support office when the account is no longer needed.
- 4) Computer system access for non-U.S. citizens must be coordinated and approved by the base Foreign Disclosure Office.

SPONSOR'S SIGNATURE (AFRL Government Only)

DATE

Instructions for Completing System Access Request

For electronic instructions, a question mark "?" may appear at the top of the form for some blocks, click on the question mark for special instructions. Duplex the first two pages of this form when you print. If the form is not completed properly, it will be returned.

1. DATE -

2. REQUEST TYPE -

3. CURRENT USERNAME - of an existing account.

4. REQUESTER's NAME - Print requesters last name, first name, and middle initial.

5. NEW USERNAME - Official use only.

6. SSN - Social Security Number is required for JOCAS accounts only.

7. CITIZENSHIP - check box for U.S. or if no attach a copy of your **GREEN CARD**

8. POSITION TITLE

9. OFFICE SYMBOL - If you are co-located, enter your functional office symbol.

10. DEFAULT PASSWORD - Official use only.

11. BRANCH OR DIVISION TITLE/NAME

12. (FOR FUTURE USE)

13. BUILDING/LOCATION

14. ROOM/POST NUMBER

15. WORK PHONE

(16a or 16b is required)

16a. AFRL AFFILIATION - AFRL military or civilian personnel enter their rank or grade, respectively.

16b. OTHER AFFILIATION - All others, including contractor and other non-AFRL government personnel, enter their employer name and start date (if other than immediate). Enter last duty day or contract end date. You must also have your AFRL sponsor complete block 23.

17. COMPUTER SITE - Indicate the location of the system you would like to access.

18a. AUTHORIZATION - Requester must have 1st level Government Supervisor or local Government Contract Monitor, print and sign this block or the account will not be opened and the form will be returned.

18b. GENERIC ACCOUNT USER - type or print the name of the person the password will be released to. Sign and date #20.

18c. JOCASII, ASTARS, or LMCA TWO LETTER FOCAL POINT. Sign and print.

19. USER ACCESS REQUIREMENT -

line A - mail account and access level needed. i.e., Exchange/Outlook - no access level needed.

line B - data base and access level needed. i.e., LMCA - Manager; JOCASII - labor entry; ASTARS - developer (see your 2-Ltr Focal Point).

line C - LAN-NT access. i.e., TOS - user; FEDLOG - user.

line D - INTERNET - Technicians initial (see your helpdesk for instructions) DIAL IN - modem number - baud rate - and password verification (tech should initial if a password was given out)

20. USER AGREEMENT - Please read carefully and sign.

21. SECURITY MANAGER'S VERIFICATION OF NATIONAL AGENCY CHECK -

22. COMMENTS - This section is for any comments by the user and the gray is for the technicians.

23. AFRL GOVERNMENT SPONSOR AGREEMENT - This block is signed by the sponsor of Contractors and other non-AFRL personnel.